

The Rural Occupational Health Paradox

PARADOXICALLY, rural areas have more problems in industrial medicine than the highly industrialized urban centers. This is due to the wide range of occupations and the lack of standardized procedures in caring for the industrially injured patient.

The diversity of employment is particularly high in areas which have construction, agricultural, lumber or mining operations, and small industrial plants. Each has its own peculiar occupational hazards and problems. Small industrial plants in outlying areas seldom justify medically staffed in-plant programs. Many have no medical plan of any type.

In construction, agriculture, lumbering and mining operations the interest of occupational medicine extends to the socioeconomic concerns of seasonal employment, temporary and inadequate housing and migratory patients with poor standards of hygiene, nutrition and education. Reemployment after recovery from injury or illness is difficult because of the rigorous demands of such industries and the absence of sedentary job classifications.

Since these areas are remote from the head office of the compensation insurance carrier, communications between the doctor and the company are difficult and often unsatisfactory, resulting in misunderstanding and loss of confidence. There is need for better communication between insurance carriers and the physicians in rural areas so that each may understand the problems of the other, thereby improving the care of the occupationally injured patient.

What steps may the rural physician and his county society take to help solve some of these problems? Obviously those relating to the seasonal employment, migratory populations and inadequate education and housing are not to be solved by the medical profession alone. We can express and indicate willingness to cooperate in improving these conditions. We can also indicate our awareness of the importance of these factors in the handling of industrial patients and in their reemployment.

Certain positive actions may be taken to make rural industrial practice more efficient and to improve physician-patient-employer relationships:

1. Encourage small industrial plants, seasonally operated mills, canneries and larger farm labor employers to designate and utilize part-time medical directors in handling their occupational medical problems.
2. Maintain, at the county society level, an up-to-date roster of physicians willing and qualified to treat occupational injuries and illnesses.
3. Through the county society Occupational Medicine Committee, notify the larger insurance carriers of the roster.
4. Notify employers and insurance carriers of the existence of the county society Occupational Medicine Committee and its willingness to cooperate in problems of coverage, reemployment evaluation, insurance utilization and similar matters.
5. Use the county medical society Occupational Medicine Committee to continually advise the society regarding industrial accident procedures and the existence of unusual conditions in regional occupational medicine.

COMMITTEE ON OCCUPATIONAL HEALTH
CALIFORNIA MEDICAL ASSOCIATION

*This is the fifth of a series of articles prepared by the Committee on Occupational Health.

NEXT MONTH: "RELEASE FOR WORK"